

TO: Shelby County Probate Office
P.O. Box 825
Columbiana, AL 35051

Original Filed # 20210610000283800
1st Amended Filed # 20210826000416850

NOTICE OF AMENDED HOSPITAL LIEN

Pursuant to Alabama Code 1975, § 35-11-370 et seq., notice is hereby given that Baptist Health System, Inc. is entitled to a lien for the reasonable charges for hospital care, treatment and maintenance of Theresa Franklin.

In order to perfect said lien, Baptist Health System, Inc. submits the following information:

Name of Patient: **Theresa Franklin**
Address of Patient: **150 Cochise Circle**
Montevallo, AL 35115
Name of Hospital/Operator Thereof: **Baptist Health System, Inc.**
Address of Hospital/Operator Thereof: **1000 1st Street North**
Alabaster, AL 35007
Date of Admission: **03/29/2021**
Date of Discharge: **03/29/2021**
Amount Due: **27,519.73**

To the best of the claimant's knowledge, the following is/are the name(s) and address(es) of the persons, firms or corporations claimed by the above named ill or injured person or by such person's legal representative, to be liable for damages arising from such illness or injuries:

Geico Insurance - 8705983820000001

One Geico Center

Macon, GA 31296

Allstate Insurance - 0620750440

P.O. Box 2874

Clinton, IA 52733

This lien shall be enforced upon all claims accruing to Theresa Franklin and his/her legal representative(s) in connection with the injuries which necessitated the subject hospital care, treatment and maintenance. The Patient's legal representative(s) if known, is/are as follows:

Michael Shunnarah
Alexander Shunnarah Personal Injury Attorneys
1100 23rd Street South
Birmingham, AL 35205

Prepared by:
Courtney B. Smith, Esq.
514 East Waldron Street
Corinth, MS 38834

By:

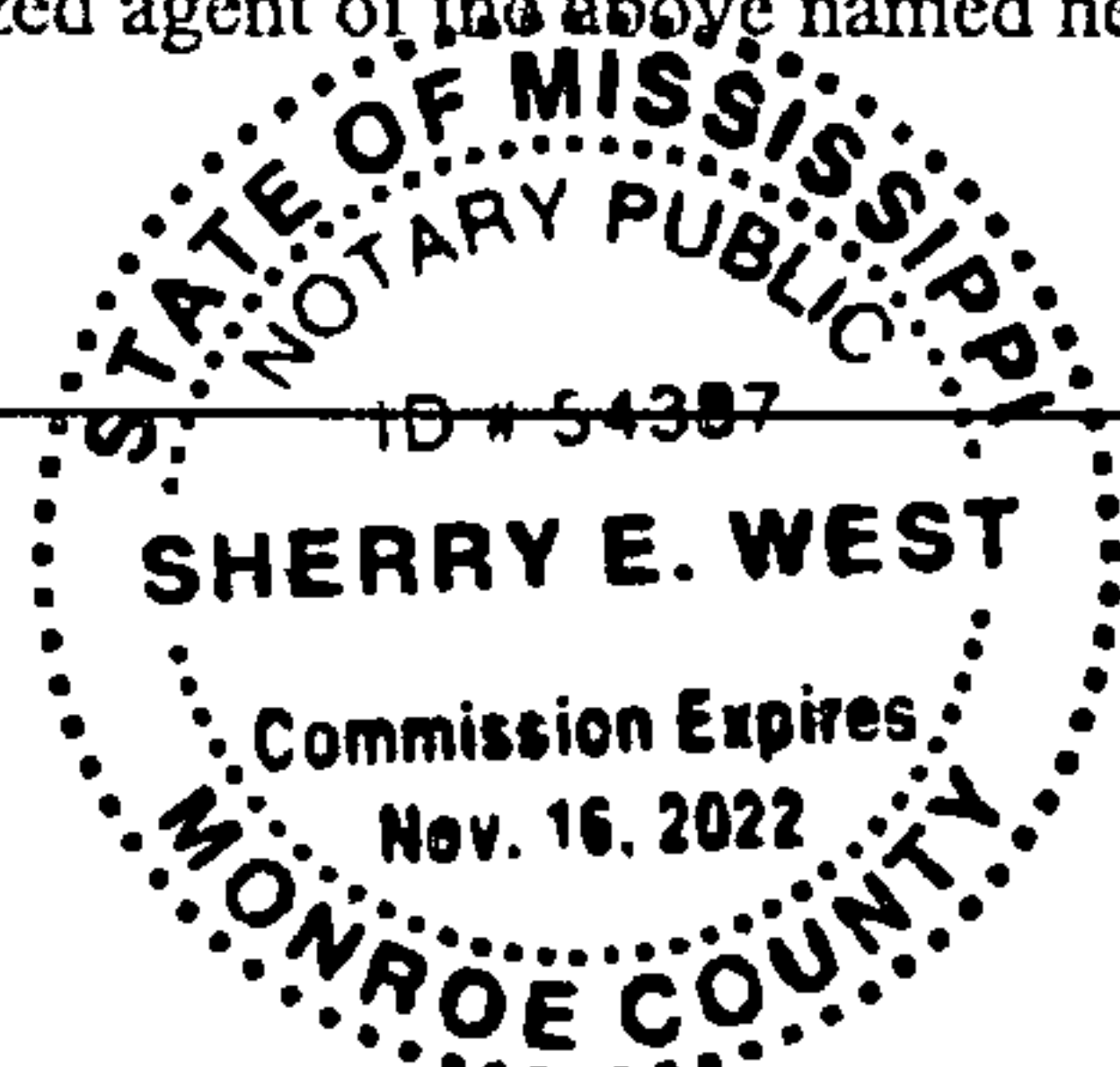
Courtney B. Smith
Courtney B. Smith, Esq. (2987N58S)
Authorized Agent for Shelby Baptist Medical Center
FOR INQUIRIES CALL (855) 283-2887

State of Mississippi

County of Lowndes

The foregoing statement was acknowledged and verified before me this Friday, September 24, 2021, by Courtney B. Smith, Esq., the duly authorized agent of the above named health care provider for and on behalf of said hospital.

My commission expires



Sherry E. West
NOTARY PUBLIC



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Shelby Cnty Judge of Probate, AL
09/30/2021 01:41:31 PM FILED/CERT